

Medical Economics



FEBRUARY, 1924

WE take this opportunity to express to our readers our appreciation of the support of our advertisers. It is this support which makes **MEDICAL ECONOMICS** possible.

H. Sheridan Baketel,
Lansing Chapman,
Publishers

M

Vo
TH
PRO
Is S
PHY
WH
SEN
THE
LIFE
FAR
LET
EDIT
DEP

MEDICAL
Circular
N. J.

MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

H. SHERIDAN BAKETEL, M.D., F.A.C.P., *Editor*

Vol. 1 CONTENTS for FEBRUARY, 1924 No. 5

THE DOCTOR'S BEST FRIEND	<i>Frontispiece</i>
Courtesy of the American Radiator Co.	
PROSPECTING FOR A PRACTICE	Page 5
John Walker Harrington, Tappan, N. Y.	
IS STATE MEDICINE FEASIBLE	Page 8
Crawford Lundie, M.D., Thaba 'Nchu, So. Africa	
PHYSICIAN AND PATIENT	Page 11
A Former New York Judge	
WHY NOT CONSIDER THE DOCTOR'S WIFE?	Page 14
An Alabama Doctor's Wife	
SENATE RESOLUTION No. 61	Page 16
Senator Royal S. Copeland, Washington, D. C.	
THE COUNTRY PHYSICIAN'S OFFICE NURSE	Page 18
E. Everett Hamilton, M.D., New Leipzig, N. D.	
LIFE INSURANCE—DEFINED AND INTERPRETED	Page 19
H. Sheridan Baketel, Jr., New York	
FARM MORTGAGES AS AN INVESTMENT	Page 21
Edward A. Adams, Des Moines, Iowa	
LETTERS OF A SELF-MADE DOCTOR	Page 23
Harold Hays, M.D., New York	
EDITORIAL	
Vis Unita Fortior	Page 26
DEPARTMENTS	
Ex Libris	Page 28
This Month's Free Literature	Page 30
New Instruments and Appliances	Page 32

MEDICAL ECONOMICS: Published monthly exclusively for physicians. Circulation 100,000 monthly. Publication and circulation offices, *Rutherford, N. J.* Editorial and advertising offices, 356 Broadway, New York, N. Y. The Medical Economics Publishing Co., Inc., Publishers.

Neosalvarsan

The therapeutic efficiency of **NEO-SALVARSAN**

"The Dependable Original"

remains unsurpassed after thirteen years of exacting clinical tests.

NEOSALVAR-SAN is the most widely used of the arsenicals for intravenous use.



Ampules containing

0.15 Gram	-I	\$.60
0.3 "	-II	.65
0.45 "	-III	.70
0.6 "	-IV	.80
0.75 "	-V	.90
0.9 "	-VI	1.00



H.A. METZ LABORATORIES, INC.

122 HUDSON ST. NEW YORK



SULPHARSPHENAMINE - METZ



Ampules containing

0.075 Gram	\$.50
0.1 "	.55
0.15 "	.60
0.3 "	.65
0.45 "	.70
0.6 "	.80

SULPHARSPHENAMINE'S

ease of administration by the intramuscular route appeals to its advocates as an incentive to the revival of this earlier Ehrlich arsenical.

SULPHARSPHENAMINE is very readily soluble in water.

Pro
not a
partn
goes,
aroun
in."
gets l
into t
out a
He m
iron p
Mar
cine a
to the
out of
They
selves
resign
ceptin
hardsh
work
their
vation
Stefan
Aretic
who
hardsh
advent
usuall
sight.
and th
lish hi
to oth
neglec
in adv
Mar
prospe
kinds
placer
consist
posit
cleanin
ing up
with
bidding
adieu.
seeker

Prospecting for a Practice

JOHN WALKER HARRINGTON

TAPPAN, N. Y.

Prospecting for a practice is not so easy as looking for a partner. As the old nursery song goes, one cannot merely "look around the ring and choose one in." As soon as the physician gets his license, he must go out into the wide world and stake out a claim in the public domain. He may find virgin gold, or only iron pyrites.

Many recent graduates in medicine apply the flattering unction to their souls, that the first years out of college must be very lean.

They see themselves in sweet resignation accepting many hardships and working out their own salvation. It was Stefansson, the Arctic explorer, who said that hardships and adventures were

usually the result of lack of foresight. Many a doctor has grilled and thrilled in his effort to establish himself, and finally moved on to other fields, because he had neglected to survey his territory in advance.

Mark Twain, who was once a prospector, says there are three kinds of gold mining—pocket, placer, and quartz. The first consists in finding a solitary deposit of the precious metal; in cleaning it up; and then in loading up the sad-eyed pack mule with one's belongings and in bidding that spot an everlasting adieu. In placer mining, the seeker for fortune works over

a large area in which the yellow grains are well distributed; while by digging in the vein of quartz with might and main, he may for years recover the imprisoned nuggets.

A young surgeon, finding a community in quest of a new sensation, operated on everybody he could induce to part with their tonsils and adenoids. He got all the traffic would bear and then disappeared. He prospected for a pocket practice and got it, for his system had more of enterprise

than ethics.

The practitioner of today seeks the opportunity to gain a more permanent treasure, to stake out a claim to the high esteem of his fellow citizens. He yearns

"Where shall I locate?" says the young doctor.

"How can I find a better location?" asks the older man.

Mr. Harrington makes the fact plain that a physician should enter upon his search in a business like manner. Judgment, patience, critical analysis and the process of elimination are distinct aids in settling this momentous question.

for the solid earth of conservatism.

The writer having known hundreds of physicians and having seen many establish themselves in practice, feels emboldened to analyze the policies which have enabled many of them to establish themselves. There have been numerous changes in recent years in the practice of medicine. Every new class which comes out from under the ægis of the faculty to take up the caduceus is faced by some new phase of the old problem of making a living.

Let us take a leaf from the Book of Big Business. There are organizations which conduct chain

stores, who keep on their payroll very highly paid scouts. Some of these concerns sell groceries; others retail cigars; many start drug stores. The methods of these trade explorers do not vary much. When they are told to find out about a neighborhood, they get all the information there is to be had. They ascertain how many families there are in a certain area; how many persons to the average family; what are the tastes of the community; and the methods by which it supports itself. In a week or so, these keen witted investigators will have brought in statistics, showing that in one day, there pass at the corner of Avenue A and Izzard Street some 4659 persons. Therefore that neighborhood is just the place for Cigar Store 326 or for a new restaurant. The success of a physician in a community is far more important to it than the amount of trade it may give to the new branch grocery, or cigar stand or candy shop or the newest of the Cafés des Enfants. Surely it behooves him to find out the salient facts about a place and consider a few economic conditions, before he takes his stand in the Valley of Decision! There can be no commerce unless ships arrive; no practice unless one is where the prospective patients pass!

In order to have business, or practice, or opportunity, one must be in that quarter of the ocean of life where the ships are passing. The physician, whether he has hung out his shingle at the country crossroad, or put his name on the office directory of a city skyscraper, has found it to his advantage to be where there is either a large population, or where many persons are likely to be.

It was only the other day, that a large trust company in a Texas city erected a new building and gave out that it had many offices to rent in suites of two and three rooms each. It found itself overwhelmed with applications from physicians and surgeons.

"We never expected all these

doctors and dentists to ask for space," said the president of the company to the architect of the structure, as he blamed that disciple of Vitruvius for lack of foresight. The man of the T square, in making over many of the offices, had chats with the prospective medical tenants. He found that the doctors wanted to move out of the residence districts because their patients found it more convenient to go to the business section. The banker or the broker or the merchant could run in for a moment, and the women folks who came downtown to shop found that they could just as well buy a little health while they were collecting dress samples. There was a big bank on the ground floor to which many thousands of persons went; and the building was in a region where there were scores of high class stores of all kinds. In front of the door were several lines of interurban trolley cars.

There are many cities, such as Chicago, and large towns throughout the United States where physicians would never think of having offices in their homes. New York was one of the last of the great municipalities to adopt the idea of having physician's or professional buildings—for conservatism clusters about the metropolis in many ways which would never be even considered in Sioux Falls, Pass Christian or Medicine Hat.

Into one of those structures there established himself a few years ago, a young doctor. He was not a specialist—and did not intend to be. He took a little office on the top floor and has been busy ever since. The other physicians in the building, most of them specialists, learned that there was "just a doctor" in the place, and they began to send him patients.

As the building was near many large hotels, theaters and stores, visitors to the city, seeing that nobody but doctors were in that building, reached the decision that none but the best would be in such a headquarters. They



—A Texas trust company erected a skyscraper and was overwhelmed with applications from physicians, "because their patients found it more convenient to go to the business section."

went to the desk in the big hallway and told the attendant in a general way what their troubles were, and she referred them to this or that specialist, or to the physician who happened to be in at the time, or had the smallest numbers of patients waiting for him. If the young doctor found that patients who came to him, needed the services of a specialist, he referred them to some one of his new found friends. He and the other practitioners, some young, some venerable, met at luncheon in the restaurants in the neighborhood, and almost before he knew it, he had accumulated hosts of friends in the profession and was enjoying a lucrative practice.

This shows that it pays, not only to be where there are people, but where there are other doctors. In his prospecting, the young physician had struck a rich lode, where some years ago he would hardly have found anything at all.

When Big Business prospects, it not only analyzes the present conditions of a locality, but makes its own economic forecast. The

chain store scout, for instance, may report in favor of establishing a branch in a spot which to the ordinary observer seems to be little more than a country crossroad. What has influenced his opinion? He may have found out that a large industrial plant is about to move to that neighborhood; or that a huge real estate deal has been consummated which will open up a new territory to suburban home seekers. He does know, of course, how many persons already live there; how many children there are; what the average income is—but, above all, he has envisioned the future. The physician, although he cannot make so elaborate an investigation as this, can ascertain many facts which he should know before casting his lot with the community to which he is drawn. He can certainly make every effort to judge whether or not that region is likely to develop or decline.

There is nothing like studying the trend of fortune. The writer recalls a very successful specialist

(Concluded on page 44)

Is State Medicine Feasible?

CRAWFORD LUNDIE, M.D.

THABA 'NCHU

ORANGE FREE STATE, SOUTH AFRICA

Is a state medical service feasible for the United States, I wonder?

The editor of *MEDICAL ECONOMICS* says the idea is not being considered in America.

Nevertheless I wish, through the columns of your splendid journal, which is being read in South Africa with interest and profit, to give you my impressions of a service that would, I am certain, work out to advantage here.

Will not you, my American colleagues, read my ideas carefully, for the day may come when you may want to consider the subject. Then, perchance, some parts of this plan may fit into your scheme of things.

Now to our muttons.

Waste of money, waste of doctors, waste of health! Waste even of life, such is the condition of our medical work as a whole at the present time. Only state organization can mend matters.

Public health is a state concern, but only a very small part of its concerns is, at present, so treated. The only part that can possibly pay expenses is left to private practitioners. The detection and early treatment of disease is as much in the interest of public health as is any branch of preventive medicine properly so called. Yet such family prac-

tice is the only medical work for which individuals are ever likely to pay without being taxed for it. They will generally pay, too, what is asked unless the fee is decidedly excessive. Hence it is the only branch of medicine which can be run as a commercial concern, and unfortunately it is too often so run.

State medicine should change all this. It should include curative and family practice. Some of the profits of this should be

used to balance part of the inevitable loss in other departments of public health. Most doctors would willingly exchange a chance of making a private fortune for the certainty of a regular

salary and a pension. Further, the pooling of funds in a state service would effect so great a saving that the total profits from general practice would be greater than at present and the exchequer would benefit to the extent of all such saving. General practice should, therefore, devolve on the state.

General practice should aim at being preventive. Sir James Mackenzie rightly maintains that the most scientific investigation of disease is an accurate inquiry into the nature and sequence of symptoms from their very beginning. The doctor must know his patients in health and sickness.

State medicine has made no headway in this country. England has it in panel form and it seems to have worked out satisfactorily.

South Africa, like America, has its medical problems. Dr. Lundie, a well-known practitioner of Orange Free State, presents a thoughtful article on a subject that may confront us some day.

He must be a family physician. Few would pay for a doctor's visit when well. The state must do so. In a properly organized medical service each general practitioner would be assigned a district, like a Methodist minister. He would visit the inhabitants of that district, sick or well, at definite intervals. On such visits he would act as general health adviser.

He would also, but not on every visit, make such physical examinations of each member of the family as insurance companies require to be made when accepting life policies. The frequency of such examinations for any individual would be determined by experience, but the first would be made not later than at the age of ten, so that life policies could be based on them without any special examination. The doctor would thus keep a complete health record of every person in his circuit. In case of any person changing his doctor, through leaving a district or otherwise, the old doctor would have to forward the person's health dossier to the new doctor.

Clinical research institutes like that headed by Sir James Mackenzie would have free access to all such records for the study of clinical symptoms, and from their wide experience they would be able to give valuable advice to the general practitioners as to any obscure and puzzling symptoms that might arise in a patient. In such institutes, we would have a state consulting service. Similarly other team work, such as was foreshadowed by the surgical teams in the casualty clearing stations in the latter part of the war, would be organized.

The extra expense would be at least partly met by the revenue from insurance companies, who, instead of requiring a special medical examination of each new candidate for a life policy, would pay a fixed fee for leave to consult the health record of the candidate. Such exemption from a special examination would en-

courage many to take out life policies who would not otherwise do so and the insurance companies would benefit in proportion. If any health history were doubtful enough to make a special examination desirable, the latter could be insisted upon and paid for with an extra fee.

A further source of revenue for the health services would be the profits from fees paid by private patients for treatment of sickness. At present all this goes to the private practitioner. The fees for private practice would remain, on the whole, as at present, but through the pooling of funds resulting from state control, much fairer grading according to means would be possible than any private practitioner can arrange under the present system.

The person responsible for paying the fee would be assessed according to (1) his means as judged by income tax returns, (2) the nature of the medical or surgical services rendered to the patient, and (3) the urgency of the call made, and, therefore, of the type of transport used to meet the emergency. Higher rates would necessarily be charged for aeroplane transport, which at least in this country, must soon figure largely in all urgent travel, than for motor car or train. No patient would, however, be penalized as at present for merely living far from a doctor by having to pay exorbitant mileage rates. Any loss involved in cost of transport to very distant patients would be at least partially balanced by fairly substantial profits taken from wealthy patients living near the doctor.

Remuneration for special visits and treatment would be made in accordance with (1) services rendered; (2) mode of transport used; (3) day or night work, and (4) distance traveled, for all these factors contribute to the tax on the doctor's energy. To prevent a patient from trying to get his money's worth out of the doctor for whom he was paying whether sick or well, each would pay for every special visit and for

treatment just as private patients would do, but the amount paid would be merely nominal, the bulk of the expense being covered, as now, by the capitation levy. The nominal fee charged, mainly as a deterrent from abuse of medical privileges, would be variable with the very same circumstances as in the case of private patients, so that justice would be done all round. Whatever sum was collected by means of such nominal fees would be deducted from the total amount raised by insurance contributions, and the patient's rate per capitem of the latter would be proportionately reduced in amount. They, as well as the private patients, would receive the benefit of regular visits from the doctor, whether sick or well.

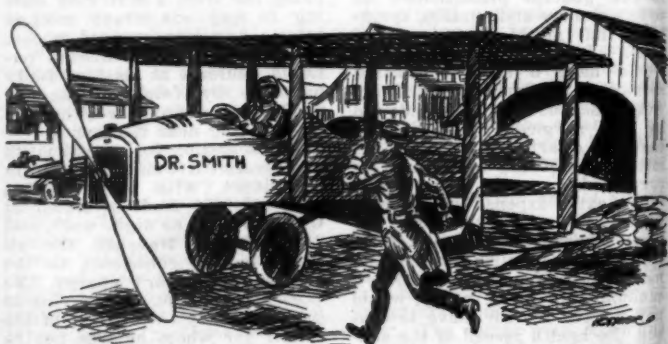
The doctor's remuneration for such regular visits would be in the form of a fixed salary such as clergymen are paid for similar ministrations to the spiritual needs of their flocks. Undue overlapping of doctors would be prevented by each being assigned a circuit, but in populous districts, at least, they would be numerous enough to allow of free choice of doctor without undue increase of the rates charged to the patients. Promotion and transfer from one district to another would be feasible, provided always sufficient introduction were given by

the old to the new doctor to ensure adequate continuity in the work of health supervision.

A sufficient, but not excessive supply of new doctors would be maintained by careful supervision and selection of the aspiring medicos. The present method of subsidizing medical education would cease, but adequate grant would be made to only such as had in their early education shown distinct aptitudes for a professional career. To help, without pauperizing such talented youths these grants would be made in return for promissory notes to repay the state outlay by installments after becoming settled in practice. In case any should die before such expense was repaid each would be required, before enrolling as a medical student, to take out a life policy at least sufficient to cover his debt to the state. The premiums due before he began to earn a salary would also be paid by the state and their amount added to his debt to the state. For the few who, with such ample precautions, failed to qualify otherwise than through death, the state would cover its risks by insurance.

Each student, on receiving his legal qualification, would be required to spend one year as a hospital resident and one year as an assistant in a general practice.

(Concluded on page 42)



"Higher rates would be charged for aeroplane transport, which must soon figure in all urgent travels."

Physician and Patient

Their Relations Under the Law

By a Former New York Judge

Carrying illicit spiritus frumenti is an offense for which a citizen may be well scotched, if, indeed, the law does not brand him.

Receivers of stolen goods are jailed; passers of counterfeit money put in limbo; but who ever heard of a citizen being punished for accepting that most harmful of contraband—unlicensed medical treatment?

This is only one of the anomalies, either real or apparent, in

the laws controlling the practice of the healing art. It is well for the physician, no matter how busy he may be, to pause occasionally in his rounds, and consider his legal

status. By so doing, he may guard himself against annoyance, and even against trouble and embarrassment.

The relation between physician and patient is a personal one. It will be remembered that the able Thomas Linacre, who attended Henry VIII, King of England, made it a rule of the College of Physicians, which he founded, that no member of that body could practice in partnership or be engaged in selling drugs. This principle is more or less recognized by custom and the common law, and in some commonwealths of the United States, as in New York, the physician is expressly

forbidden to hide his identity under a charter. In medicine, the corporation is permitted to have neither soul nor body. The doctor personally is responsible to his patient.

When does that responsibility cease—legally? This is an important question in these days. There has sprung up a large class of so-called practitioners of the healing art who either directly or through their agents induce many persons to discontinue the treat-

ment from regularly licensed and registered physicians. Not infrequently, patients will sue physicians for malpractice whose advice they had ceased to follow. It is the part of prudence, therefore, for the regular

physician to enter such lapses of patients in his records, and, in extreme cases to write to those persons notifying them that he accepts no responsibility for their condition.

The law assumes that the patient who does not follow the instructions of his medical adviser is contributing to his own failure to recover. The doctrine of contributory negligence holds just as much in such a situation as it would in a suit brought by a citizen who is injured through his refusal to accept the warning of a flagman at a railroad crossing.

It is indeed a wide latitude

The physician owes something very real to the patient. The patient has an equal indebtedness to the physician though its limits have not been quite as well defined. These facts are clearly brought out by a former New York judge who is very much awake to the needs of the medical profession.

which the law allows the patient. Governments define the right to practice medicine, yet practically there is no limitation upon the freedom of the patient to accept the services of the bootleggers of the healing art. If a person is of legal age he can go gadding after false gods to his heart's content, if the practices to which he submits himself are not criminal.

The failure of a parent to furnish proper and lawful medical care for his child is a punishable offense in New York. The grown man and woman are not forbidden, however, to consult soothsayers, charlatans, voodoo doctors, chiropractors, degreeseless psycho-analysts and faith healers.

In some States in this country, persons are permitted to treat patients, provided they do so in the exercise of their religion. The law can and will put a man in jail who does not have a surgeon set the broken bones of his son, and yet there is no penalty visited on him if he suffers from a loathsome disease for which he takes no more effective treatment than a jumble of cant and second-hand metaphysics.

The Public Health Law of the State of New York, and, indeed, the regulations of most of our States specify the qualifications for the practice of medicine, osteopathy, dentistry, chiropody, veterinary surgery and nursing. All these are phases of the healing art which require knowledge and skill. The physician, as he is called upon in capital emergencies, is held to the strictest account by the State, and to the patient are given many modes of redress for the faults and failures of his medical adviser.

Exacting as are the requirements of the law, they are by no means harsh nor inconsistent. They are defined admirably in a decision of the Court of Appeals of New York (*Pike vs. Housinger*, 155 N. Y., p. 209) which, after all, is of universal application, so deep are its foundations in common sense. The tribunal held that a physician and surgeon in taking charge of a case impliedly

represents that he possesses a reasonable degree of knowledge and skill; that he is obliged to use his best judgment; and that he will not omit to do anything which is necessary to the welfare of the patient.

The medical man is not required to have an extraordinary amount of skill and knowledge. A brilliant surgeon, for example, brought from a distant city at large expense, might, by inventing an operation never before considered, excel the efforts of the rural practitioner in charge of the case. At the same time, it was held, and justly so, that every physician must keep abreast of the age. A doctor could not offer as a defense, for instance, that he had failed to use an antitoxin because serum treatments were unknown when he was graduated from his medical college.

The physician is liable for a bad result, therefore, only when it is proved there was a lack of ordinary and reasonable care and of that knowledge and skill which the average practitioner in his locality has at command.

Throughout the United States, the legislators have sought to see that the physician is justly treated in the matter of his fee. When a question as to what is a fair compensation for medical services gets into the courts, however, it is found that often the medical man is to blame for not having been more explicit in advance as to his charges.

Owing to social relations and other causes, it is difficult sometimes for a physician to be as exact as a business man might be, yet he is often laying up trouble for himself through a rather exaggerated sense of delicacy.

Under the statutes, the physician is entitled to receive payment for his services in accordance with whatever specific agreement he may have made with his patient, provided he himself has performed his part of the contract properly. The physician, if the writer, as a practising lawyer, may so suggest, should see

Febru

to it
reco
note
his
the
treat
second

A
reco
value
sence
ment.
mined
consid
the st
The d
of the
age ti
school

This
nomic
discus
possib

To
almost
the pl
knowl
him
statut

Sele
any d
patient
physic
fidenci
the pa
condit
tor sa
physic
suffer

A C

Here
father
be a
Joseph
more
of the
son of
Rocher
Dr. W
grand
Mayo.
in the

to it that he has kept an exact record of his services. He should note, not merely the amount of his fee, but also any neglect of the patient or the dropping of treatment by that "party of the second part."

A physician is also entitled to recover "a fair and reasonable" value for his services, in the absence of a specific advance agreement. That value can be determined from custom, but it varies considerably in accordance with the status of the patient himself. The dragging of a Leviathan out of the mud brings a larger salvage than the saving of a lumber schooner.

This is a phase of medical economics, however, which could be discussed in more detail than is possible to do here.

To the patient, the law seems almost indulgent. It infers that the physician is a man of broad knowledge, and does not excuse him for any ignorance of the statutes. It prescribes his duty.

Seldom if ever has there been any definition of the duty of the patient—even to himself. The physician cannot betray the confidence of him whom he attends; the patient may proclaim his own condition and tell what the doctor said and did. He can abuse a physician in bitter tirades and suffer no restrictions except those

of the general laws of slander and libel.

The same statute which punishes the practice of medicine without a license does not penalize the patient who participates in that misdemeanor. The layman is regarded as a victim of his own ignorance and as the prey of unconscionable scoundrels.

Human beings will be at the mercy of charlatans, as well as be sufferers from disease and pain, as long as qualified physicians fail to do their part in upholding the statutes. Every State and every county should have a militant organization of its medical men, who will encourage and stimulate the authorities in prosecuting the illegal practitioner.

This is a sacred duty which the physician owes the public. In the early days of the profession he was both priest and healer. He took upon himself that solemn oath which has endured through all the ages and which binds him to unselfish service of the commonweal. It is for him not only to ward his fellow man from the pestilence which walks in darkness, but to rescue him from error; to uphold those who are sworn to expose the impostor, and to keep undefiled the crystal spring of knowledge.

A Chip Off the Old Block

Here is another case of "like father like son," only there should be added "like grandfather."

Joseph Graham Mayo, a sophomore in the College of Medicine of the University of Iowa, is the son of Dr. Charles H. Mayo of Rochester, Minn., the nephew of Dr. William J. Mayo and the grandson of the late Dr. W. W. Mayo. He is planning to follow in the surgical footsteps of his eminent forebears



P & A Photos

Why Not Consider the Doctor's Wife?

BY AN ALABAMA DOCTOR'S WIFE.

Why does the doctor's wife receive no consideration at the hands of the editor? Your pages are filled with practical ideas for the physician, but do you not realize the doctor's wife is oftentimes the power behind the throne?

The doctor makes the money, but, in the majority of instances, it is the wife who saves it. I am making a plea for her, and I think I can best do it by telling you some of my own problems.

My husband practises in a small city, and finds that, after nine years of practice, he can allow me \$35 a week. With this as a basis I have worked out a budget. Of this sum I pay rent of \$50 a month for the house (the doctor's office is downtown and he cares for that out of his money). We are now planning to buy a home through a building and loan association. For food I confine myself to \$8 a week and I think we live very comfortably.

From this \$35 I must purchase my clothes, by putting aside so much each week so that I can get something which will look well. For example, I usually allow myself one winter coat, which costs around \$35. I have a sports coat that cost \$19.95. I also allow about \$20 for a woolen dress and a little more for a silk dress. Then come the summer dresses, which we can use for a much longer period than in the colder parts of the country, and these are comparatively inexpensive, ranging from \$4 to \$10. As a matter of fact, I feel that I am particularly well dressed and at that I spend considerably less than \$200 a year on clothes. Of course, it goes without saying

that I make most of my own clothes, which is a very distinct saving over what I would pay if I were to purchase them.

Out of my allowance I pay a premium on a \$5,000 life insurance also. Instead of paying quarterly, as many people do, I pay annually and thus save a little money. Fortunately, I have no doctor's bills and the dentist gives me a 50 per cent reduction, but out of my own money I get small furnishings for the house, make my contribution to church and charity, pay one-half of the vacation fund, also for the house telephone, and the electric light bill. In addition, I make it a point to put aside at least \$1 a week for the savings bank. Some weeks I increase this amount materially.

It is not the easiest thing in the world to make \$35 go as far as what I have written would seem to indicate. It has only been accomplished by trying and failing and trying again and learning by experience just what my money will buy.

The big factor in my success in carrying on the home with this amount is the fact that I have the interested cooperation of my husband. He is not a brilliant practitioner with a fashionable practice, but a good, solid, substantial man who is classed with that great number known as "good general practitioners." He is doing a little better every year, and I am certain the time is coming when my allowance will be much increased. We have no children, and, consequently, are able to do more with our limited income than many couples in similar circumstances who are blessed with little ones.

My husband is not a fussy man. He was brought up in a strict way by parents who taught him to eat what was set before him and to ask no questions. He does that now and always praises my cooking, even though I know that I possess shortcomings in that direction.

We live well, because I purchase everything personally and not over the telephone. I have steak or chops once a week, a stew, fish, with plenty of vegetables, baked beans Saturday nights (my forebears came from New England), with a good supply of fruit in season, and I make my own bread, pies and cake, and do my own preserving.

By doing everything myself, except the cleaning and washing, which is done by a woman who

comes in for the day, and whom I pay 35 cents an hour, I am able to make my \$35 go a long way.

My husband has a savings account of his own and he makes it a point to put something in every week. The fact that we are compelled to live closely has made him a good collector. He works hard for his money, but he insists that people pay him their just obligations and, as a result, he has been able to maintain a better looking office, drive a better car, and present a better appearance than some physicians who do far more practice, but collect less money.

Please, Mr. Editor, do not overlook the doctor's wife. Being one myself, I cannot but feel that she is a most important factor in the success of the physician.

The Latest in Obstetrical Therapy



P & A Photos

The poet who opined that "music hath charms to soothe the savage breast" did not realize that music could be utilized to soothe pain, the most savage of man's enemies. In the illustration some of the maternity patients at the New York Nursery and Child's Hospital are probably listening to the well known ditty of the Italian fruit peddler

Senate Resolution No. 61

Preliminary Steps to Universal Reciprocity in Medical Licensure

ROYAL S. COPELAND, M.D.

UNITED STATES SENATOR FROM NEW YORK
WASHINGTON, D. C.

Medical men are charged with being proverbially deficient in business matters. Perhaps many of the profession will plead guilty to the charge. But it is generally conceded that the Doctor is unselfish in all that pertains to his professional or civic activities.

In the centuries that are now history the disciples of Aesculapius have lived in an atmosphere peculiarly their own. Though counted among the "wise men," the wisdom conceded to them was largely on the score of their skill as practitioners of the healing art. Exceptionally their counsel was sought outside their professional sphere. And so, in the main doctors were considered merely as healers of the sick and menders of the injured.

As medicine advanced scientifically, it happened too many times that half-truths were espoused as realities. Every now and again, as a result, the acclaim of the public for a given method or cure was turned into doubt, and possibly derision. Thus frequently medical men fell under condemnation.

Maintaining their efforts continuously to hew closely to the line of what they called "science,"

they disregarded the activities of those outside the breastwork of medicine. By methods not approved or acknowledged by the rank and file of the Doctors as being in harmony with scientific medical progress, this outside group sought for public favor. Many of these, if not most of them, were mere charlatans, seeking a means to acquire wealth through the credulity of a confused and uncertain public.

Universal reciprocity in medical licensure has long been the dream of medical leaders. Senator Copeland has introduced a resolution in the Senate which paves the way to this desired end. The senator, himself a distinguished physician, is doing much to accomplish real things in the upper house and he may be certain of the enthusiastic cooperation of his confreres.

Every now and again some one with a real message, traveling a route out of the beaten track, appeared on the scene. To these occasional pioneers, history records but scant recognition on the part

of the profession. There has been a natural proneness to discredit their theories and to reject as fanciful their alleged experiences.

Many of these torch-bearers of medical truths passed from the scene too soon to receive the recognition to which they and their views were entitled. In many instances the worth of their work is now conceded and lauded.

"Isms" in medicine are almost as numerous as creeds in religion. Because of lack of scientific knowledge in connection with some phase of medicine, faith be-

comes a factor in the claims of some honest disciples of these various schools. And so there frequently develops a fanaticism—a sort of fetish—on the part of those who parade their convictions.

However, medical men the world over are agreed in most things. They have no patience with the fantastic and are not responsive to theories not basically sound. They have builded up their structure, slowly but surely. The blinders of skepticism of the variety which prevented them from recognizing truths outside their immediate environment have been discarded. They now recognize the need for investigating every charted or uncharted sea of possible scientific navigation. Skepticism still holds sway, but it is no longer a barrier to the search for truth. The kernel of verity in every proposition advanced is eagerly sought and only the shell containing it is discarded.

The querulous attitude of certain groups of citizens toward the medical profession has been less marked during the past decade. This change of thought has been brought about by the material increase in the span of life and in the decreased severity of many theretofore formidable diseases—conditions following in the wake of medical leadership.

The public better understands and appreciates the unselfish devotion of the doctor. The average citizen, in city or in country, has had sufficient personal experience to know that the physician is wholly devoid of selfish thought when duty calls him. Be it to combat pestilential disease or to face death in any form it may assume, with unperturbed resolution he enters the fray. With mind keyed to the idea of service, he is ready for any sacrifice for the public good.

Recognition of these qualifications should aid the profession in bringing about better safeguarding of the portals of medicine from charlatans. The

importance of this consummation is shown by what has been uncovered recently in several of our Commonwealths.

No one in this day and generation will question the right of the individual States of the Union to regulate their police affairs. These are essentially the province of the State. One of these rights is the regulation and control of medical practitioners.

The laws of the various States vary in their exactions. In many States there is a comprehensive system permitting reciprocity in medical licensure with other States. For instance, after being duly licensed to practice medicine in New York State, the licensee may move his practice to any one of nine different States in which standards, academic and professional, are alike and because of which reciprocity obtains. Again, one of the middle Western States has reciprocity in medical licensure with over thirty other States of the Union.

For the protection of the public and in the interests of the physicians themselves, there should be an expansion of this reciprocity idea. Thinking to prepare the way for this desirable arrangement, I recently introduced in the U. S. Senate a resolution providing for methods which might enable the medical profession to inaugurate a system of universal reciprocity in medical licensure. The details of such a plan will have to be worked out, step by step. A program must be developed which shall have for its primary purpose the safeguarding of the public's interests.

I am firm in the conviction that legislators, both National and State, are impressed with the unselfish motives of the members of the medical profession whenever they act collectively. Doctors will not be turned away when they knock at the door of legislative halls, asking for the enactment of laws seeking to improve their status and tending to enlarge their opportunity for helpfulness.

(Concluded at bottom of next page)

The Country Physician's Office Nurse

E. EVERETT HAMILTON, M.D.

NEW LEIPZIG, N. DAK.

Should the country doctor have an office nurse? My answer is in the affirmative.

I am not practicing in a large city where there is an abundance of work for an office nurse, but am located in a town of between 300 and 400 inhabitants. This means that I have all the varieties of a general practice and, in order to successfully accomplish my daily duties, I oftentimes find it absolutely essential that I have assistance. I have solved this problem by employing a part-time office nurse. By part time I mean that part of her days are utilized in her vocation as a nurse. She takes the same sort of cases that come to the attention of any nurse, but almost every day she is able to get away from her cases during her hours off to give me some time, and between cases she spends all of her days in my office. She types all of my letters, gets out statements and, being in the office very often when I am not there, takes care of the necessities of people in the waiting room so far as she is able. She does dressings and makes herself generally useful.

For each day the nurse spends in the office she receives \$2.50. If

she gives an anesthetic for some minor injury or operation I pay her \$5 on that day, and, if I have some case of major importance where the services are of a particular nature and require an exhibition of a considerable amount of skill on her part, she receives \$10 for the day. The nurse when out on her own cases charges the usual nursing fees and collects them herself.

My experience has demonstrated to me that if a nurse can be found who is diplomatic and can make herself well liked, she is indispensable in the country physician's office. My nurse enables me to handle very much more practice than I could under ordinary circumstances and I have found that by the exercise of the great amount of tact which she possesses she has assisted me in increasing the amount of my work and in carrying it out with far less physical tax upon my reserve force.

Country physicians everywhere can, if they are able to get hold of the right kind of a nurse—either part time or full time—improve their status materially and do more work with less trouble to themselves.

Senate Resolution No. 61

(Concluded from preceding page)

I am equally sure that such steps as the medical profession may inaugurate to safeguard the portals of medical practice will be approved. There must be no possibility of repetition of conditions such as prevailed in some of our States. These debased the practice of medicine and opened up to the charlatans a rich field for imposing upon the credulity

of a trusting public. Any plan to make this impossible will be welcomed.

Cooperation between legislators and profession in the application of sane methods of medical control will result in a national professional atmosphere, wholesome to medicine and helpful to our citizenry.

Life Insurance— Defined and Interpreted

H. SHERIDAN BAKETEL, JR.
NEW YORK

We now come to a study of life insurance, at the same time the most loved and most despised of the entire insurance business. Possibly the ordinary, everyday life insurance solicitor has brought it upon himself. At any rate, it is to be regretted that he has been subjected to such varying degrees of humiliation in the past. "The past," however, is said advisedly, for never before have life insurance purchasers been so widely diversified as they are today.

The public has become educated. Intelligent men realize the need of protection. Big businesses buy corporation insurance in tremendous amounts. Employers, under the group plan, protect the families of their employees.

Young men starting in business buy a policy for a thousand dollars. The newspapers tell us when a million dollar policy is sold. It is a tremendous field, reaching everybody. Yet, there are still some who look askance at the profession.

To those let it be said that the agent is today one of the greatest of the propagators of good. Every policy sold means a better livelihood for some dependent. Thus, every policy means less poverty, or, in other words, a more prosperous country and a better world in which to live.

Let us take 100 healthy men twenty-five years old. It is a fact that forty years later 36 of them will be dead and 54 will be dependents. Of course, there are many ways by which these men could accumulate money both for themselves and their dependents. But, there is nothing which combines the best of everything as does life insurance.

In an article of this kind it is next to impossible to give advice which will fit equally well for all men, as each has his own needs

and should be counseled individually. However, let us itemize some of these needs:

1. Perpetuation of income for the maintenance of dependents.

2. Provision for payment of outstanding mortgages.

3. Financial independence in old age.

4. Education for children.

5. A borrowing instrument for emergency, eliminating the necessity of using banks.

6. A monthly income in case of total permanent disability.

7. Immediate establishment of an estate.

8. Provision for a square-up fund to take care of death expenses, bills, notes, taxes, etc.

Whatever is needed to take care of future contingencies, life insurance can and will provide. Now, let us see first what the dif-

This concludes the series of articles on insurance in its various phases which has included fire, automobile, liability, burglary, accident and health. So great has been the interest evinced by our readers that Mr. Baketel has arranged to reprint the articles in brochure form and they can be obtained gratis by addressing him at 64 Wall Street, New York.

ferent kinds of policies mean and what they will do.

While there are term policies, joint life policies, annuities, and many other special policies, let us concern ourselves with the principal kinds of contracts issued. These are three in number: The ordinary or straight life, the limited payment life, and the endowment policy. The first one is the lowest cost contract and presumes payment of premiums throughout one's entire life. The second may be bought for practically any number of years, i.e., 5, 10, 15, 20, 25, 30, 35 and 40 payment life.

This merely means that the premiums are to be paid for that length of time, at the expiration of which the policy becomes fully paid and its face value is paid to the beneficiary upon the death of the assured.

Endowment policies are issued for a like number of years, the difference being that at the end of the policy period the face of the contract is paid to the assured in cash.

This latter contract, obviously, is more or less a form of compulsory saving. A man may decide that when he reaches a given age, he wants to have a certain sum in available cash. With that in mind, he could either put so much a month in a bank, or in a building and loan, or in life insurance. If he wants to create his estate immediately and yet be assured of having it in cash when he attains the given age, he buys endowment insurance.

For most of us, however, this is an expensive way of buying actual insurance. This item of expense even enters into the purchasing of limited payment contracts.

Probably the best form of insurance, speaking generally, is the ordinary life policy. This form of contract offers practically everything. It is essentially maximum protection at minimum cost. And that, primarily, is what the average man is looking for in buying insurance.

In many cases his fortune is largely in his head. He realizes that if this ceases to function, it may become necessary for his wife to look for work. He consequently buys sufficient insurance to provide the necessary income. BUT, he buys it as cheaply as possible. This accounts for the tremendous amount of straight life that is now being written.

Let us decide first whether to buy mutual or stock company insurance and then we will go into some of the figures involved. Life companies, be they stock or mutual, are usually tremendous organizations. Consequently the usual fear that we have for mutual insurance of other kinds does not find a place in our estimation of life companies.

That being so, why not participate with the Company in its surplus earnings? This is a particularly pertinent question if these surplus earnings, distributed in the form of dividends, better the policy in some way. Let us assume that they do and look at an example of mutual insurance.

We will take a man 35 years of age buying a \$10,000 ordinary life policy in the Union Central Life Insurance Company of Cincinnati. The gross yearly premium for this would be \$248.90. Based on the Company's present dividend scale, the disbursement after the first year would be \$35.10, or a net cost for the year of \$213.80. As the amount of these dividends increases year after year, the net cost at the end of the tenth year would be \$197.30 and at the end of the twentieth, \$167.70.

Based on these figures, the cost of stock company insurance would be lower for the first nine or ten years, but higher during the remainder of the assured's lifetime.

However, let us assume that the assured, rather than withdraw his dividends, leaves them undisturbed with the Company. In that case, the policy will be

(Concluded on page 42)

Farm Mortgages as an Investment

EDWARD A. ADAMS

DES MOINES, IOWA

"Dr. X, who died in the village of Blank last week, had practised in that town for more than forty years. He left a considerable estate, which was very largely in farm mortgages."

This clipping from a Western county seat paper, is not an unusual piece of news in very many parts of the country. Doctors as a class know more about farm mortgages than almost any other individuals. They drive throughout the countryside, become expert in the knowledge of farm values and realize that when their money is invested in such securities they are always there, do not suffer the exigencies that come to many securities, and pay a safe, legitimate rate of interest.

Dr. X can be found in every section of this wide country of ours and, even if some people do regard the doctor as not the best business man in the world, they must admit that, in this regard at least, the medical man shows his good judgment in adopting farm mortgages as a source of investment.

As long as capital is required, farm loans will continue to be a basic and dependable security. The nature of the security is such that its safety cannot be questioned. It must be realized that

the farm lands of the country are required to produce the bulk of our food products and a considerable portion of our raw material. If we are to be fed and clothed, economically, the farm industry must continue and give such returns as will insure its future. The farm loan, for this reason, has, as its basis, a security which is permanent.

The permanency of the security is such as to promise continuous

returns with which to meet interest obligations. While the deflation period resulted in low prices for farm products, the majority of the farmers had sufficient capital in their holdings to carry them over the depression.

They were not

compelled to close business as was the case in many factories. Every year they were able to secure some returns and, in most instances, an amount sufficient to live upon and meet interest and taxes. Very few other industries could have continued in such a satisfactory manner.

The main reason why the farmer could meet his obligations was because farm land, as a whole, was not over-encumbered. The total farm indebtedness only amounts to about 15 per cent of the appraised value, while other industries show an indebtedness in one form or another of nearly

"Scatter plenty o'er a smiling land" may have been one thought in mind when farm mortgages commenced to find favor in the eyes of investors.

Realizing the absolute necessity of the farm and its products, men have long since emphasized the belief, as expressed by Mr. Adams, a well-known farm mortgage banker, in the safety of farm securities.

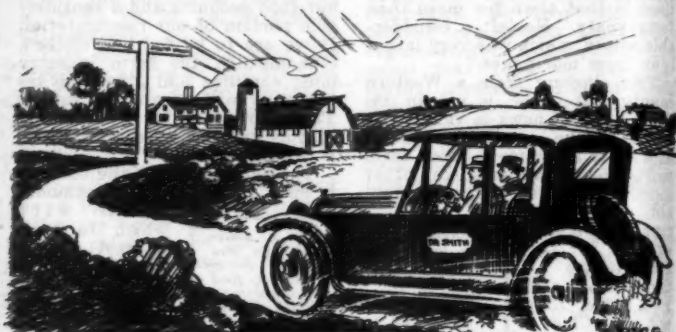
Local mortgages carry a peculiar appeal to the physician, but a growing number of doctors are buying general farm loan securities.

75 per cent. The farmers have had, and still have, a large reserve upon which to draw. This very fact assures the farm mortgage investor of a dependable investment.

The margin of security is ample. The reliable farm mortgage banker will not loan more than 50 per cent of the appraised value of the land, exclusive of the buildings. This percentage represents a full loan, and, in most cases, the equity of the farm will exceed 70 per cent, that is, he does not borrow more than

tuations of other securities.

There are instances where farm mortgages are more stable than government bonds. Germany may be cited as an example. Bonds, there, are practically worthless while the land has a definite and permanent value and mortgages in that country are still valuable. Corporations, too, may fail, their assets diminished by expensive bankruptcy proceedings and their bonds reduced in value, but land remains a fixed asset upon which the mortgage holder may rely. There are very few instances



"—Doctors . . . drive throughout the country side, become expert in the knowledge of farm values. . . ."

30 per cent of the value of his land. The past has shown that this margin of security has become greater before the maturity of the obligation. This is due to the fact that during the past thirty years there has been a steady and regular increase in farm values.

With a growing population and an increased demand for farm products, the security back of a farm mortgage will continue to appreciate. The security for a farm mortgage therefore does not depreciate, nor does the value of the mortgage fluctuate.

During the past year, 40 per cent of the best industrial bonds showed a loss of \$50 per thousand. The choice first farm mortgages always remain at par and they do not experience the usual fluctu-

where the holder of a first mortgage has been fortunate enough to obtain the security from foreclosures. A farm which is under a high state of cultivation, has an indestructible value behind it that is not common to many industrials. It is doubtful whether there is any security, other than a farm mortgage, which, bought now, will be at par ten to twenty years hence.

The moral hazard of a farm loan is very favorable. The average farmer takes a great deal of pride in keeping up his land and improvements. He is particularly interested in maintaining the productivity of his farm. He also realizes that his first duty is to keep his first mortgage in good standing by paying his interest

(Concluded on page 40)

Letters of a Self-Made Doctor

LETTER NO. III

HAROLD HAYS, M.D., F.A.C.S.

NEW YORK

My Dear Jerry:

In the midst of a busy morning, I often find there is a lull of a few minutes when I can get out my pipe and take a few puffs. I hate to waste any precious moments and so this morning I am going to get off one of my "daily dozen" to you.

It is a funny thing how practice goes. Although a man is a busy practitioner, there are days that are so quiet that he wonders where all his patients have gone and whether he is ever going to have any practice again. Just about the time he gets thinking this way, patients begin to come in again and he has more work than he can attend to. I can see the smile that comes

over your face when you read this because you have not got to the stage where you are overburdened with patients, but that time is surely coming if you are the man I think you are.

You told me in your last letter that you had met a man who was taking an interest in you and was giving you some sound dope and incidentally an anesthetic once in a while. Sit tight, my boy, and take in everything he tells you, no matter whether you think he is right or not. Letting the other fellow do the talking while you do the listening, has made the success of many a man.

The art of listening is a great

art and one which is very hard for some people to cultivate, but it has been my observation that the great men are the ones who listen much and talk little, and that when they do open their mouths they say something which is worth while listening to. No matter how modest a confrère of yours is, he will never feel that you know so much more than he does that it is up to you to voice your opinions too loudly. That is, not until you have proved to him and the rest of the medical

fraternity that you are a top-notch.

You have told me that he has given you some hints as to how to occupy your spare time and how to make a little extra money on the

side. Unfortunately there are few ways for a medical man to make extra money. As soon as he indulges in outside activities, people think that he is a failure in his own work. You can't go out as a salesman. You can't work in a shop.

I see that he has advised you to take an assistantship with a big doctor or to get a job with the Board of Health or doing school inspection work. Doing any of these things may be worth while for some men, but none of them will do for you. If you were married and had to support a family, I would tell you to go out and dig ditches if necessary;

Dr. Hays presents the third letter in the series which is being written to a younger confrère in another town, who has recently established a practice. These letters are filled with wisdom and will go far toward filling the bromidic long felt want. Our literature contains very meager information along these most important lines.

but, if you are making enough money to put bread and butter in your mouth, with a pinch of tobacco to soothe your nerves and a bed to sleep in, and if you can pay your rent, make up your mind to capitalize your future and fill up your spare hours in ways that will count later on.

You may ask me why I don't want you to be an assistant to someone else. If you take such a job, no doubt you will begin to let the other man do the thinking for you until you lose a great deal of your independence of thought and you may hang on to the job so long that people will begin to think of you as an underling. Of course if the man you go with intends in the course of time to take you into partnership, that is a different matter, because it will mean that he values your opinion and has you with him to discuss matters, and not merely to follow orders.

At one time, early in my career, I went in with Dr. Carew, whom you know. We had been pretty good friends until I hitched up with him. I lasted exactly six weeks and there wasn't a day that he didn't do something I didn't approve of. Now his way of doing things was perhaps as good as mine but they weren't my ways. The result was that a long friendship went up in smoke. After ten years we again became friends but it would have been far better if we had never connected.

You may also think it strange that I don't approve of your taking up any salaried work. Ask the man who has a job of that kind and find out what he has to say about it. Everyone of them will tell you that although the money came in handy he found it impossible to give up the job when he really didn't need the money any more. In other words he had counted on those few pennies for so long that he felt lost when the thought came to give them up. But supposing a job like that does bring you in a

couple of thousand a year. That's about one hundred and seventy-five dollars a month or five dollars a day. It isn't a question of making five dollars a day with you but it is a question of whether you can get along without that five dollars a day and spend the time in doing something which will bring in ten times that amount in a few years.

When I had been in practice about the same length of time you have been, I began to think seriously of how I could fill in my time. The worst thing that a young doctor has to put up with is the amount of time on his hands. He may see a few patients for an hour or so a day, but what is he going to do with the rest of the twenty-four hours or so a day when he isn't eating or sleeping? Most men in that predicament do one of two things—either they waste their time by reading the newspaper, looking over the advertisements in the medical journals, going to the movies and so on, except for the hours they spend working in a clinic which may or may not prove of advantage, depending on how seriously they do their work there; or else they fill in this spare time by doing some constructive work which will tend toward future success.

I don't care how little a man is occupied by his regular work, he should never allow himself to be idle. There are many things he can do. If you want to take a leaf out of my own book, you will schedule your day for yourself in such a way that you won't have a moment, either to worry about your finances or to get into trouble. I worked out my day so that I spent just so much time in the office. My hours were in the morning. I knew I could never fill in three straight hours, so although I had office hours scheduled for every day in the week, I made my appointments for three days in the week only and then had the patients all come at about the same time.

Of course it made my office look busy for one thing, which helped to a certain extent, but the best part of it was that I got through with my work in three days instead of six. That meant that I had three days a week in the office which I could use for other purposes. Early in my career I had subscribed to the best medical journals and I devoted a good deal of the morning hours to reading. There was plenty of stuff I wasn't interested in but sometimes I would come across something which was more than worth while and I would jot it down. It wasn't long before I got to thinking that I ought to get into the writing game myself and I began to think up subjects. I'll tell you more about this writing game in another letter.

After I left the office, I would take a bite to eat and then on most afternoons I would go to one of the clinics in my special line. This would keep me busy until five o'clock and when I got home, I would refresh myself with a good novel or the *Saturday Evening Post*. Reading of that kind helps out too because it takes your mind off the grind and at the same time makes you itch to write a story yourself, which I am sure you will do before you are many months older, even if you put your manuscript in the waste paper basket eventually. In the evenings I would go to medical meetings or visit friends and when I got home at eleven o'clock or so, I would take up my medical journals again or an interesting monograph or reprint and read myself to sleep.

But sometimes I wouldn't be on service in the clinic or there would be a spare afternoon at a time when there wasn't a football game or a basket-ball game in town. I was not the kind to sit round doing nothing so it was up to me to fill in these hours to the best advantage. That's the

time when a man gets irritable, even if he has a wife at home who ought to cheer him up a bit. I began to think seriously of these idle hours. Wasn't there some way to occupy them to advantage? It occurred to me that the most successful man was the one who broadened himself outside of his own field. Some men took up art, others photography; some men took up music—the violin or the piano. But even if you haven't a talent, there is always something you can do. I made up my mind that I wanted to study human nature from all angles. I had always been interested in psychology and here was a chance to read people. So what do you think I did? I went down to the Criminal Courts Building and listened to the murder trials! I wanted to find out why certain people did such things. I wanted to study the faces of the prisoners. I wanted to study the faces of the witnesses and try to make out whether they were lying or not. I spent many a profitable hour in that way and even since that time, when I want a real recreation I go down to some court where I know the Judge and sit on the bench with him.

Don't think that my mind was so seriously occupied all the time, my boy. A man needs recreation once in a while and I took it. There are always many good plays here in New York and it was more than worth while to spend some time at a musical comedy or a real melodrama where I could absolutely forget myself.

Here I have gone on rambling again. If I keep it up at this rate I'll be spending most of my time playing with my thoughts. While I have sat here writing to you a thought has come to me for a new article. I'll tell you all about it in my next letter.

Cordially yours,

Erastus Hutt.

Vis Unita Fortior

This motto of the Irish Earl of Mt. Cashel, "In Union There Is Strength," has recently been exemplified in Great Britain.

Labor has installed its government in the Houses of Parliament on the Thames.

If twenty years ago a person had predicted the successful culmination of labor's entrance into politics, he would have been set down as a dreamer.

Today the members of the labor party feel they have entered into their own in England and no one can foretell the outcome of this experiment.

Cicero, in his "Oratio Pro Caneco Plancio," said "There is no more sure tie between friends than when they are united in their objects and wishes." This sentence tells the story of the successful ending of the long fight of the laboring men of Great Britain to place their colleagues in the cabinet.

The medical profession can do well to take a leaf out of the book of experience of England's Labor Party, and go and do likewise. Not that we advocate the establishment of a government of doctors, as Ontario not long since established a government of farmers, but that physicians become so united through the bonds of organization that their wishes and desires and recommendations would be given the proper heed by those who temporarily occupy the seats of the mighty.

Longfellow never spoke a truer word than when he said "All your strength is in your union; all your danger is in discord." The idea that doctors always disagree seems to have so thoroughly permeated the minds of men that altogether too little attention is given the suggestions made by medical men, especially those which have to do with the

public weal. People suppose that if Dr. A. recommends something Dr. B will object to it. Why should men, educated along the same lines and striving after the same ideals, stand so much apart?

This is the day of organization. Take the law as an example. All good lawyers wish to join their respective bar associations. A man outside the proper law organizations is practically without the pale. The dictum of the American Bar Association is the last word.

Why do not some of the workless men from the big cities go out and get jobs in the buildings trade, for instance? For the good and sufficient reason that the buildings trade workers are organized and men must join a union before they can get a position in that line of endeavor.

Now turn to the medical profession. We have in the American Medical Association the greatest body of its kind in the world, yet not half of the physicians in the country are willing to spend \$5 a year to be a part and parcel of this great and progressive institution. If one were to analyze the figures of membership in county, state and national medical organizations one would be shocked at the negligence of the large percentage of physicians who remain outside these organizations.

The American Medical Directory for 1923 lists 145,966 physicians who are supposed to be in practice in this country. The *Journal of the American Medical Association*, which goes to all members of the Association, plus a good many subscribers, prints some 85,000 copies.

Let us look at a few of the States and see how well they are organized:

Sta
Alaba
Calif
Illino
(Hea
An
cal
Kent
Mass
Mich
Missi
Nebr
New
New
Ohio
Penns
South
Texas
Wash
Wisco

The
for th

It
a phy
outsid
The
are i
triffin
ship
nation
tained
month
server
physic
better
in a
the p
if for
protec
standa
as goo
at a v

Wh
sician
and
tions?
to thi
we be
a mar
which
come
very
profes

1. T

State	No. of Physicians	Members of State Society
Alabama	2,313	1,665
California	7,549	3,506
Illinois	10,716	7,609
(Headquarters of American Medical Association)		
Kentucky	3,155	1,858
Massachusetts	5,977	4,004
Michigan	4,653	3,192
Mississippi	1,792	848
Nebraska	1,913	1,147
New Hampshire	615	536
New York	16,857	9,472
Ohio	8,086	4,648
Pennsylvania	11,241	7,433
South Carolina	1,368	729
Texas	6,094	3,515
Washington	1,756	1,128
Wisconsin	2,722	1,959

These figures give much food for thought.

It is difficult to imagine how a physician can desire to remain outside of organized medicine. The advantages of membership are many and the expense is trifling. In some States, membership in the county, state and national organizations can be obtained for not more than \$1.00 a month, and the disinterested observer would presume that every physician would be anxious to better his professional standing in a community by belonging to the proper organizations, even if for nothing else than for the protection of his professional standards. It should be regarded as good insurance with premiums at a very low cost.

Why should the individual physician belong to his county, state and national medical organizations? We present six answers to this question, each of which, we believe, is sufficient to cause a man to make the investment which would enable him to become definitely identified with the very best there is in the medical profession:

1. To have a part in organized

effort for the promotion of the science and art of medicine and the betterment of public health.

2. To take advantage of opportunities offered in the medical society for individual scientific improvement.

3. To receive the benefits of friendly social intercourse with other members of the medical profession.

4. To assist in and receive the benefits of organized efforts for the promotion of the material interests of physicians.

5. To be identified with, and recognized as one of, the most reputable, progressive and best qualified group of physicians.

6. To lend your influence for the maintenance of the highest human ideals.

As we have said so often through the columns of **MEDICAL ECONOMICS**, if the medical profession is to get anywhere **WE MUST DO IT OURSELVES**. We cannot do it until the profession is thoroughly organized, that is, until the majority of physicians realize the necessity of uniting with the organized profession.

We are firmly of the belief that if doctors were to join the medical societies as they should, it would be possible for a united profession to demand of Congress that a Department of Health be added to the President's Cabinet with a physician as its head for the safeguarding of that most precious boon—health. A thoroughly organized profession could go far toward eliminating the cults and isms and 'paths and 'actors that now tend to destroy the faith of the laity in the best there is in medicine. As we conceive it, it is the duty of all physicians to join the county medical society forthwith and then to progress upward and become identified with the American Medical Association, which has done so much for the profession during the past twenty years.

Ex Libris

Modern Methods in the Diagnosis and Treatment of Heart Trouble, by Francis Heatherley, M.B., London, New York: Wm. Wood & Co., 1923.

A thoughtful presentation of a very important subject by a cardiologist; carefully presented and worthy of commendation.

Medical Record Visiting List for 1924, New York: Wm. Wood & Co., 1924.

This is an old friend of the physician and contains, beside a day book, much knowledge of great emergency value.

Gynecology, by W. P. Graves, M.D., 936 pages, Philadelphia: W. B. Saunders Co., 1923.

Third edition of a standard work. Fine illustrations, splendidly printed.

Diseases of the Skin, by Richard L. Sutton, M.D., 1214 pages, St. Louis: C. V. Mosby Co., 1923.

Dermatology has never been more ably presented; 1080 illustrations. Invaluable to specialist as well as general practitioner.

Industrial Health, edited by Geo. M. Kober, M.D., of Washington, and Emery R. Hayhurst, M.D., of Columbus, Ohio, 1184 pages, Philadelphia: P. Blakiston's Son & Co., 1924.

The last word on the subject from thirty-four contributors, each a specialist in his line. Invaluable for those interested in industrial medicine.

Organic Arsenical Compounds, by George W. Raiziss, Ph.D., and Joseph L. Gavron, B.S., 550 pages, New York: Chemical Catalogue Co., 1924.

Covers entire field of arsenicals from chemical standpoint. Appeals to those physicians who are interested in chemotherapy of the arsphenamines. Complete and comprehensive work.

Heart Troubles, by Louis Faugeres Bishop, M.D., 422 pages, New York: Funk & Wagnalls, 1921.

Tells how to relieve these conditions and how best to prevent them.

Rejuvenation, by Dr. Paul Kammerer, 252 pages, New York: Boni & Liveright, 1923.

If you are interested in the Steinach operation, read it.

Obstetrics and Gynecology, by Drs. Kerr, Ferguson, Young and Hendry, 1006 pages, New York: William Wood & Co., 1923.

The latest in the subjects by four acknowledged Scotch experts. Subject is thoroughly handled.

Clinical Memoranda for General Practitioners, by Alex. Theodore Brand, M.D., and John Robert Keith, M.D., of England, 375 pages, New York: Wm. Wood & Co., 1924.

A very practical compendium for young practitioners. A good medium for clinical review on the part of older physicians.

Rectal Diseases, by Jacob D. Albright, M.D., and George C. McVoy, M.D., 210 pages, Philadelphia: J. D. Albright, 1530 Chestnut Street, 1923.

Stenographic record of a clinic in Detroit. Unique method of presenting subject. Should be of real value to those interested.

There is danger in frozen milk

IN MANY sections of the country, the milk that is used during the Winter months invariably undergoes freezing at some stage of its transit from the farm to the consumer. Not a few people, recognizing the preservative character of extreme cold, have felt that this assured an essentially purer and safer milk.

Recent investigations prove, however, that this is not the case. Milk that has been frozen, not only has undergone changes in the character of its constituents which decrease its digestibility and food value, but it is much more subject to bacterial contamination and putrefactive processes. Pathogenic organisms, moreover, such as those of typhoid, diphtheria, scarlet fever, and tuberculosis are not eliminated by freezing.

A DEPENDABLE YEAR 'ROUND FOOD

Nestlé's Milk Food *cannot freeze* because it is in dry powder form. It is subject neither to extremes of temperature nor changes of weather.

This time-tried infant food is a modified cows' milk which medical men have long prescribed as a remarkably satisfactory and dependable substitute for mothers' milk. Its use eliminates the objectionable and dangerous features of thawed milk and assures a milk food that is uniform and stable in composition and character; is germ-free; and is readily adapted to each infant's digestive capacity and nutritional needs.

We will gladly send you samples on request.

NESTLÉ'S FOOD COMPANY
NESTLÉ BUILDING NEW YORK

This Month's Free Literature

The brief paragraphs on this page are designed to keep busy physicians informed about useful literature offered by manufacturers of instruments, appliances and pharmaceutical products.

Our readers are requested to mention **MEDICAL ECONOMICS** when writing the manufacturer for this literature.

Physicians who are interested in the treatment of gastro-intestinal conditions and restoring lost motor function in cases of paralysis, peripheral nerve injuries, etc., will find a great deal of helpful matter in a new booklet entitled "A Sinusoidal Manual," by T. C. Cornell, M.D., which is published by the McIntosh Electric Corporation, 223-233 No. California Avenue, Chicago, Ill., and mailed free upon request to any doctor. Mr. Cornell enjoyed a wide experience with the Canadian Army Medical Corps in applying electro-therapy, and his suggestions will be of great interest to every physician using these methods.

The Salvarsans is the title of a 24-page illustrated booklet issued by the H. A. Metz Laboratories, 122 Hudson Street, New York City, giving a description of the technic of administering salvarsan, neosalvarsan, silver-salvarsan and the collapsules of bichloridol and salicidol. It is very comprehensive and will be mailed by the Laboratories to readers of **MEDICAL ECONOMICS** upon request.

Many physicians find it beneficial to know something of the uses, history and manufacture of the products they most commonly use. A comprehensive booklet of 72 pages entitled *Adhesive Plaster—Its History, Manufacture and Uses* is published by Johnson & Johnson, New Brunswick, N. J. It contains more than 130 illustrations and drawings relative to the uses of adhesive plaster.

Every month H. G. Fischer & Co., Inc., 2333 Wabansia Avenue, Chicago, Ill., issue a little publication called *Fischer's Magazine*. This is devoted to the advancement of the science of electro-physio-therapy. Physicians interested in the subject will be placed on the mailing list.

A newcomer in the field of medical literature is the *Lederle Bulletin*. The first issue, January, 1924, contains 20 pages of very interesting material in connection with the products of Lederle Antitoxin Laboratories, 511 Fifth Avenue, New York, N. Y. Sent on request to interested physicians.

Recent Studies in Infant Feeding, published by Nestlé's Food Company, New York, N. Y., is the title of an attractive booklet on the subjects of the problems of nutrition and the effect of freezing on milk used for infant feeding. Both subjects are discussed by well known authorities.

Colonic and Duodenal Lavage, by Capt. J. T. Ainslie Walker, R. A. M. C., is a brief 12-page booklet. It describes tests for the purpose of disproving the assumption that the protoplasm of all cells has the same constitution. Copies may be obtained from Anglo French Drug Co., 1270 Broadway, New York, N. Y.

"You owe so much to yourself you cannot afford to owe anybody else. Keep out of debt."

A Shoe That is Built Along Nature's Lines



Cantilever Shoe Shops

The Cantilever is a comfortable, well made shoe that doctors can safely recommend. It is built along the lines of the normal foot and has a snug-fitting, flexible shank that supports the foot arch without restricting circulation and the strengthening exercise of the muscles. The medium height heels are slightly higher on the inside so as to induce the wearer to toe straight ahead. We have found that this has much to do with lessening the strain on the inner and weaker side of the foot.

It is largely due to the recommendations of physicians and orthopedic surgeons that we have been able to make the Cantilever Shoe such an outstanding success. And we also have the medical profession to thank for their willing assistance in helping us to perfect the Cantilever Shoe.

A great many doctors wear the Cantilever Shoe. The dignified appearance, fine quality and real comfort of the Cantilever make it an ideal shoe for professional men.

The Cantilever Shoe is sold by selected dealers in over 500 cities. They are anxious to co-operate with physicians toward the betterment of public foot-health. A partial list of dealers appears at the right. Names and addresses of other dealers may be had by writing the manufacturers, Morse & Burt Co., Carlton Ave., Brooklyn, N. Y.

Akron—11 Orpheum Arcade (Main and Market)
Albany—15 N. Pearl. (Hewett's Silk Shop)
Allentown—907 Hamilton St.
Atlanta—126 Peachtree Arcade
Atlantic City—3019 Boardwalk (near Shielburne)
Baltimore—325 No. Charles St., 2nd floor.
Birmingham—319 N. 19th St.
Boston—109 Newbury St. & Clarendon St.
Bridgeport—1025 Main (Citizens' Bldg.)
Brooklyn—516 Fulton St. (over Primrose Silks)
Buffalo—401 Main St. (ab. Chippewa St.)
Charlotte—326 N. Tryon St.
Chicago { (Loop) 30 E. Randolph St.
(North Side)—1050 Leland St.
(Woodlawn) 835 E. 61st St.
Cleveland—1705 Euclid Ave.
Columbus, O.—104 E. Broad St. at 3rd St.
Denver—224 Foster Bldg., 16th and Champe Sts.
Detroit—41 E. Adams Ave.
Duluth—107 W. First (near 1st Ave. W.)
Elizabeth—358 North Broad St.
Evansville—310 So. 3rd St. (Near Main)
Harrisburg—26 N. 3rd St. (2nd floor)
Hartford—Church & Trumbull Sts.
Houston—305 Foster (B'k of Com. Bldg.)
Kansas City—300 Altman Bldg.
Long Beach, Calif.—Farmer's Bank Bldg.
Los Angeles—505 New Pantages Bldg.
Memphis—28 N. 2nd St.
Minneapolis—25 Eighth St., So.
Newark—Aeclian Hall, 897 Broad St. (2nd floor)
New Haven—153 Court St.
New Orleans—Room 209, 109 Baronne St.
New York—14 W. 49th St. (opp. Library)
Oakland—516—15th St. (opp. City Hall)
Omaha—1708 Howard St.
Pasadena—378 E. Colorado St.
Passaic—37 Lexington Ave.
Paterson—10 Park Ave. (at Erie Depot)
Peoria—203 Lehmann Bldg.
Philadelphia—1300 Walnut St. (over Cunard Office)
Portland, Ore.—253 Alder St.
Poughkeepsie—327 Main St.
Rochester—257 Main St. E. (3rd floor)
Sacramento—208 Ochsner Bldg., K near 7th St.
St. Joseph—216 N. 7th St. (Arcade Bldg.)
St. Louis—518 Arcade Bldg., Olive and 8th Sts.
St. Paul—Frederic Hotel Bldg.
San Francisco—250 Arcade, Phelan Bldg.
Syracuse—121 W. Jefferson St.
Tacoma—Fidelity Trust Bldg., S. 11th St.
Troy—35 Third St. (2nd floor)
Utica—28 & 30 Blandina St., cor. Union
Washington—1318 F St., N. W., 2d floor
Yonkers—22 Main St.

Cantilever Shoe

For Men
&
Women

New Instruments and Appliances

Our readers are requested to advise us of new and improved instruments, appliances and equipment. Where possible always furnish photographs or drawings.

A Diagnostic Needle and Specimen Obtainer

This instrument is designed to secure tissue specimens for pathological examination from regions not accessible by the ordinary, open methods of approach. By its use a sufficiently inclusive tissue plug can be removed from any depth within its length with a minimum of traumatism and the extent of a growth, indicated by X-ray or other findings can be checked up by spacing a num-

actly with the window in the sheath when the needle is fully within the sheath. The cross-section of the groove is such, that, whenever the needle is rotated within the sheath in clockwise direction, its upper edge acts as a knife, cutting into whatever tissue may have been forced through the window into the groove end on further rotation, this cutting-edge passes

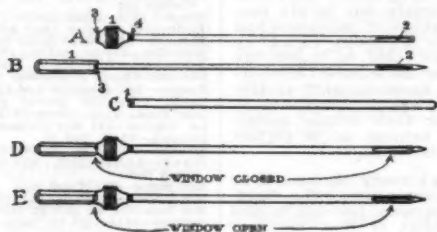


FIGURE ONE (A)

ber of stabs of varying depths over the suspected area. An important feature is, that its construction precludes the possibility of malignant tissue-fragments being carried into healthy tissue.

The instrument consists, first, of the sheath A, having a knurled collar (1) by which the instrument is grasped when in use at its outer end and a window (2) $\frac{3}{4}$ in. long at its inner end. Into this sheath fits the stabbing needle B, with the handle (1) at its outer end and a deep groove (2) at its inner end. This groove is the essential portion of the instrument and corresponds ex-

beneath the lower edge of the window, the ungrooved portion of that part of the needle ob- turating the window. Thus, the tissue plug obtained remains within the groove, completely protected by the wall of the sheath.

Notches (3) cut into adjoining ends of A-1 and B-1 indicate the relative position of groove and of window end, contingently, the amount of twist required to complete the cutting-turn of the needle.

A third part of the instrument is the case C, with an inner screw-thread (1) which corresponds to the screw-thread A-4,

on the head of the sheath. This case not only protects the point of the needle but also permits the instrument to be carried about in a sterile condition—and

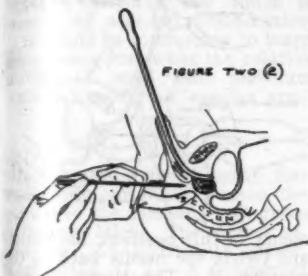


FIGURE TWO (2)

—in the event of only one specimen having been secured, the latter may be carried to the laboratory without removal from the groove.

The following description concerns the use of the instrument in suspected malignancy of the prostate.

The patient is placed in the lithotomy position and the perineum rendered surgically clean. With a metal catheter in the urethra, the operator explores the affected prostate with the finger in recto. The proper spot of entry, between anus and bulbos

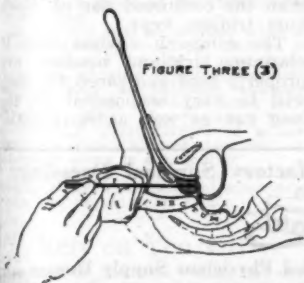


FIGURE THREE (3)

urethrae having been chosen, the sterilized instrument with the window closed, as shown in D, is pushed inward, the finger tip in recto guiding the progress of the needlepoint (Fig. II). The inward progress of the needle is



U. S. Hospitals Use Thermolite

—and it is in constant use in the clinics of large industrial organizations.

Physicians in private practice, also, are finding radiant light and heat quicker, safer and more effective than opiates and analgesics, because of its greater penetrative power when correctly applied.

Thermolite Radiant Light and Heat Applicator

is scientifically designed and well made. Its rays are parallel, therefore they have maximum penetration. There is no focal spot to burn or blister, even in prolonged applications. Remarkable heating effect is secured with small current consumption, reducing operating costs and maintenance to a minimum.

Use Thermolite for treating
Colds
Eczema
Erysipelas
Female Complaints
Lumbago
Neuritis
Rheumatism
Sprains
and many other ills



Illustration shows Office Applicator No. 0670, 12" diameter, with stand, at \$30. No. 0645, Hand Applicator, has same design, 8" diameter, without stand, at \$10. Folding stand for No. 0645, \$6.00.

Genuine Thermolites are branded—Look for the name on top of applicator. It is your guarantee of satisfaction.

Write for Literature on Radiant Light and Heat

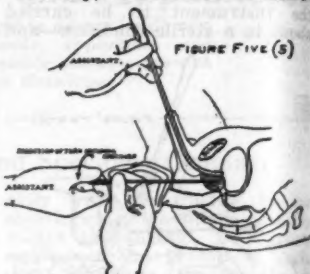
H. G. McFADDIN & CO.
42 Warren Street, New York
Makers of Lighting Devices since 1874

continued until the proper spot has been reached, (Fig. III). As soon as this point has been reached, the operator makes sure that the window faces the tip of the finger. This can be easily determined by the position of the notches A-3 and B-3. At this juncture the operator takes a firm hold of the head of the sheath and an assistant grasps the head of the needle (Fig. IV) the operator's finger in recto not making any undue pressure against the instrument.

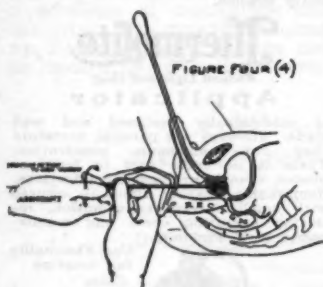
In the next step the assistant turns the needle in the sheath as far as the notch will permit, thus opening the window to the groove

sisting in forcing tissue into the groove.

Finally, with hands and instru-



ments in this position, the assistant twists the needle back to the position D. The tissue plug is now contained within the groove and protected by the sheath and the whole instrument is withdrawn.



as shown in E, and the operator gently pushes the tip of his finger in recto against the instrument, the assistant, meanwhile making counterpressure by taking hold of the metal catheter. (Fig. V). This procedure as-

Platinum Iridium Needles

The American Platinum Works of Newark, N. J., took exception to some of the statements in the December issue of **MEDICAL ECONOMICS** regarding the use of steel needles compared with platinum iridium needles.

We suggested that the use of steel needles, although they rust, formed a less expensive habit than the continued use of platinum iridium type.

The company advises that if platinum iridium needles are properly used and cared for they will be very economical in the long run as well as more satis-

Most Economical and Satisfactory Surgical Dressing



Procurable from All Surgeons and Physicians Supply Houses

Impervious Form for all occlusive or protective coverings over hot or cold packs. Softer, easier to handle, and less expensive than other dressings. Furnished in single and double weights.

Perforated Form fills a long felt need for a direct dressing that will not adhere. Air, drainage and medication provided for through the perforations of the tissue. Excels for Burns, Ulcers, and all Granulating or sensitive wounds.

Price List and 3x5 inch booklet of specimens mailed on request of doctors not acquainted with "Cilkloid"

THE CILKLOID COMPANY

Marshalltown, Iowa

factory. The fact that cases of infection can occur through rusty steel needles and cannot occur through the use of platinum iridium needles is a point brought out and one which is worthy of serious consideration.

It would be interesting to learn from users just what the relative merits of steel and platinum iridium hypodermic needles are.

Our Mistake

In describing the Kroman Ear Vibrator in our January issue, the address of the company was given as Detroit, Mich. The correct address is 1114 Fourteenth Street, Washington, D. C. A number of our readers have advised us that mail written to the Kroman Instrument Company at Detroit has been returned.

A Tip to Hospitals

Dr. John F. Bresnahan, superintendent of the Bridgeport, Conn., Hospital uses a little sticker asking for aid for the hospital on all out-going mail, particularly on local mail. The appeal reads as follows:

Average cost of each patient was \$29.70 per week last year. 5407 patients were cared for last year. At the end of the year \$99,838.01 over and above what was taken in, was paid out for expenses. This loss was made up from contributions, from interest on money left to the hospital and from a share of the Community Chest Fund.

If you will stop to consider what a room and meals cost per day at a hotel, then add the cost of medicines, dressings, nursing services, hospital clothing such as pajamas, slippers and bath robes, you have some idea of costs. When one considers that A SINGLE THICKNESS of gauze costs 4½ cents a yard, the cost of dressings alone is astounding.

The hospital serves you—do not forget to serve the hospital some day when the opportunity comes.

Rely on Yourself

In battle or business, whatever the game,
In law or in love, it is ever the same;
In struggle for power, or the
scramble for pelf,
Let this be your motto: Rely on
yourself!
For whether the prize be a ribbon
or throne,
The victor is he who can "go it
alone."—Saxe.



(Licensed by the
Chemical Founda-
tion, Inc.)

AS the result of consistent research and refinements in the methods of production, The Dermatological Research Laboratories have very greatly improved upon the original arsenicals.

NEOARSPHENAMINE, D.R.L., as now offered, is meeting the requirements of the most exacting members of the medical profession. The world has never before known a drug of greater excellence. Government specifications for such products are high but **NEOARSPHENAMINE, D. R.L.**, runs from 75 to 100% above them, as toleration tests show.

While allowing a wide margin of safety for the patient, **NEOARSPHENAMINE, D.R.L.**, is practically the equal of Arspenamine for therapeutic effectiveness.

A handy package of **NEOARSPHENAMINE**: 10 ampules, with an equal number of ampules of distilled water included without additional charge, in these sizes: 0.9, 0.75, 0.6 and 0.45 gram. Ask your dealer. Whether **ARS-PHENAMINE, NEOARS-PHENAMINE** or **SULPHARS-PHENAMINE**, let it be the reliable D.R.L. brand. Booklet on "The Treatment of Syphilis" sent on request.

**THE DERMATOLOGICAL
RESEARCH LABORATORIES**

1720-1726 Lombard St., Philadelphia
Branch of

THE ABBOTT LABORATORIES

4753 Ravenswood Ave., Chicago
New York—Seattle—San Francisco—
Los Angeles—Toronto

The Question—

What to prescribe in the treatment of tuberculous conditions?

The Answer—

MORRHUOL-CREOSOTE

(Chapoteaut)

The Reason—

Morrhual supplies the combined therapeutic principles of Cod Liver Oil, freed from nauseating fats.

It is rich in the fat soluble Vitamin A and in combination with creosote proves a practical and agreeable form of administering these two potent agents.

MORRHUOL-CREOSOTE relieves the catarrhal condition of the bronchial mucosa, acts as a sedative antiseptic during its excretion thru the respiratory channels, decreases the formation of mucopurulent sputa, and thus allays the annoying cough of the phthisical subject.

MORRHUOL-CREOSOTE is of distinct clinical value in the incipient stage of pulmonary tuberculosis, and is decidedly beneficial in bronchitis and influenza. *Samples and descriptive literature on request.*

Laboratories Dr. Ph. Chapelle

New York and Paris

Distributors

E. Fougera & Co.,
New York, N. Y.

In the Year A. D. 2124

Who wants to be a physician two hundred years from now anyway?

J. B. S. Haldane, reader in biochemistry at Cambridge University, England, is portraying a gloomy outlook for the doctors of 2124. Listen to this:

Substances with physiological properties which may add to the amenities and enjoyment of life, such as wine, coffee, tobacco, perfumes, etc., will be produced without harmful effects.

All food will become synthetic, agriculture will become a luxury and mankind completely urbanized.

Disease will be abolished throughout even backward nations within the 20th century, if the world is prepared to tolerate enough state interference in private life.

New nitrogen-fixating bacteria will be developed which will quadruple crops, and by the resultant fall of prices, agricultural states will be temporarily ruined. The same agents, introduced into the sea, will cause an enormous glut of fish as food.

Children will be born "ectogenetically," i.e., ovaries from superior women will be kept alive in suitable cultures, artificially fertilized from selected males, and the embryos protected until able to endure air. The resulting improvement in the quality of the race will save civilization from degeneracy.

The separation of sexual love from the reproductive function will eliminate old-fashioned family life.

Knowledge of the ductless glands will make possible undreamed of control of passions, imagination, delinquency, etc.

Death will be due exclusively to senility and will be still further postponed by glandular therapy.

"Proceeds" Not "Premiums"

In Mr. Hume's admirable article on "Dr. Blank and His Income Tax" in the January issue, the types made him say, on page 46, "Such items are free from taxation as Life Insurance PREMIUMS."

Of course, Mr. Hume wrote "Life Insurance PROCEEDS."

This slip of the linotype was picked up by scores of physicians in various parts of the country, and we hasten to make amends. Mr. Hume covered a live subject well, and we regret that we did not, in this instance, correctly interpret his views.

Your Doctor's Prayer

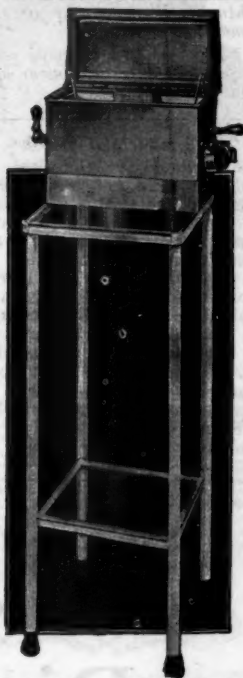
Dr. W. H. Tucker of Bradner, Ohio, has a clever method of appealing to the better side of his patients' natures under the title of "Your Doctor's Prayer." He sends them a card on which is printed the following "prayer."

Inasmuch as I have, to the best of my ability, relieved the physical discomfort of those who have called upon me when in trouble, may you to whom I have ministered unto have a deep-seated, organic and absolutely incurable conviction that doctors, at the worst, are simply human.

May you realize that the disease known as "financial cramps" is no respecter of persons; that frequent application of kind words and good wishes, while pleasant to take, do not in any way relieve the gripping sensations of a run-down monetary system, and that while all flesh is grass, it takes real Uncle Sam money to buy hay and gasoline.

May you to whose bedside I have always promptly hastened when duty summoned, be suddenly and severely attacked with a softening of the heart and a loosening of the purse-strings, to the end that I, your doctor, may be able to hold up my head in the presence of my creditors, and to this end I most devoutly petition.

BETZCO Electric Instrument STERILIZER



Compact, of fine appearance, this Sterilizer and stand are practically indispensable to the busy practitioner, who wants efficiency. Sterilizer of cold-rolled copper, nickel plated. Stand is pure white enamel, with glass top and shelf. Safety fuse and convenient fittings are features. This has been a great seller to physicians, as it is low in cost, and quick in its work.

STERILIZER, PRICE..... \$2.50
STAND 7.50

**Frank S. Betz Co.,
Hammond, Ind.**

Frank S. Betz Co.
Hammond, Ind.

Send me one (1) No. 9ME 3035
BETZCO ELECTRIC STERILIZER. I
enclose \$.....

Payment by (Cash) (C.O.D.)—(On
Account).

NAME
ADDRESS

Financial Department

The purpose of this column is to provide the physician-investor with reliable investment information and to help him in choosing the sound securities that meet his requirements.

Each month we will review briefly the financial situation and outlook and answer several questions of general interest on investment.

The Financial Outlook

The outlook for the first six months of 1924 indicates a continuance of generally good business conditions, with commodity prices rising moderately and manufacturing maintaining at least a normal output. During the past month bond prices have exhibited considerable strength with several of the Government War Loans moving forward a point or more. Stocks have been reasonably steady despite the sharp decline in British sterling and French francs.

The action of the House Re-

publican caucus in giving first place to tax reduction and practically shelving the bonus was a welcomed piece of news from Washington and was received by the business community with warm approval. The election of a Democratic Senator, Smith of South Carolina, as Chairman of the Interstate Commerce Committee over the Administration leader, Senator Cummins, was not entirely unexpected. His selection, however, does not by any means presage the passage of radical railway legislation, at least during this session of Con-

A Diuretic

in a most convenient form

Diuretin

TABLETS

8 grains each.

Diuretin is also supplied in powder

For literature and samples apply to
E. BILHUBER, INC., 23 WEST BROADWAY, NEW YORK
"KNOLL" Specialties

gress. The uncertainty in the tenor of statements issued by representative Democratic leaders since Senator Smith's elevation to the chairmanship of this important committee indicates clearly that no definite policy regarding the transportation problem has been agreed upon by the Democratic leaders themselves. For this very reason, therefore, there seems little basis for the assumption that Democrats will flock to the radical standard of Senator LaFollette and his little group of railway "baiters."

The opening session at Paris of the committee of business men inquiring into Germany's capacity to pay reparations started auspiciously. The forceful address of Brigadier General Charles G. Dawes, chairman of the Committee of Experts, was exceedingly well received, particularly on the part of the French public. If General Dawes can successfully work out a budget for Germany with a directing idea that sooner or later a part of the appropriations will go for reparations and furthermore, if he can succeed in giving some sort of a guarantee that the plan of his committee will work, the French attitude may well change from skepticism to one of real interest.

The sensational decline in the value of the French franc to the low point of 4.26½ cents and a low of \$4.22 for the British pound sterling were outstanding features during the past month in the field of international finance. The downward movement of sterling, at first attributed to the unsettled conditions on the Continent, were later associated with labor troubles in England and the assumption of power by Ramsay MacDonald as the first Socialist Prime Minister of England. The new Labor Premier, however, made a very favorable impression on financiers generally, by the unexpected moderation of his opening speech. The spectacular break in the value of French exchange was due largely to the persistent unloading of francs by



The Control Factor

Although fever temperature has its function, the physician will always wish to have it under control.

PNEUMO-PHTHYSINE provides the control factor for febrile conditions. This emplas-trum, spread on a thin cloth and applied to the skin, will bring about a lowering of fever temperature that is evident almost immediately and can be maintained as long as desirable.

Pneumo-Phthysine

Is especially valuable in pneumonia, pleurisy, bronchitis, common cold, and is indicated in every form of congestion, inflammation, swelling, pain or fever. Much safer and more satisfactory than antifebrile drugs.

Read the formula and send for clinical sample.

Formula:

Guaiaccol 2.6	Formalin 2.6
Cresote 13.02	Quinine 2.6
Methyl Salicylate 2.6	
Glycerine and Aluminum Silicate, q.s.	
1000 parts	
Aromatic and Antiseptic Oils, q.s.	

Pneumo-Phthysine Chemical Co.

Dept. M.E.
220 West Ontario St.
Chicago

frightened holders in France and elsewhere, who, it is believed, were transferring their holdings not only to the United States, but to Italy and other Continental centers. The definite decision of the French Government to abandon reconstruction financing by means of borrowing, the expected increase in the tax rate and the exercise of more vigorous meas-

ures of economy should have a salutary effect on the value of the French exchange.

The ease of the money market and the general cheerfulness which has prevailed since the first of the year regarding the outlook for security prices, are distinctly hopeful signs for those having funds now available for investment.

Financial Questions and Answers

Market Conditions

QUESTION: The New York Central Railroad refunding and improvement 5 per cent bond which I bought at 100 is now selling at about 96½ and has been as low as 95. I would like to know whether you think this bond is safe and if so what has been the cause for this drop?—S. L. A.

ANSWER: We believe these bonds are very sound. The decline in market value from 100 to 95 was due not to any weakness in the bond itself, but because the bond market generally had gone up too fast with the natural result that a reaction followed.

Southern Pacific Stock

QUESTION: Will you give me your opinion on Southern Pacific Railroad? I am contemplating permanently investing about \$3,000 in the common stock of this company.—M. E. S.

ANSWER: Southern Pacific is one of the strongest roads in the country. The stock of course is not as safe as a bond of the company, but in our opinion it is a suitable investment for a business man and one that seems likely to give him a good return on his money for a long period of years.

Farm Mortgages as an Investment

(Concluded from page 22)

promptly. There is also a sentimental value attached to a farm which often exceeds the intrinsic value. It is the farmer's holie, where he has accumulated whatever he has. He desires to keep this intact and provide a future home for his children.

The yield on farm mortgages is satisfactory for a security of so choice a nature. Mortgages in the so-called "Corn Belt," where diversified farming is common, yield between 5 per cent and 5½ per cent net to the investor. They are negotiated by farm mortgage bankers who are interested in placing desirable loans. The reliable companies, of which there are many, carefully examine the security, guarantee the title, collect the interest and guarantee payment of the security at maturity. A well placed mortgage, made by such a company and se-

cured by a productive farm, conservatively appraised, makes an ideal and a satisfactory investment.

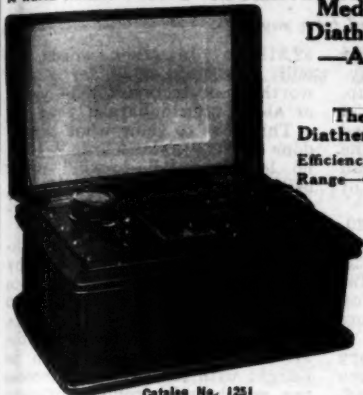
Physicians long ago discovered the facts as set down herein and are among the heaviest investors in such forms of securities. They realize that when the time comes for them to retire, the interest from these investments will continue without slump.

Like Tennyson's brook, they "go on forever," during the life of the contract.

How Three Men Divide Their Incomes

	Tightwad Percent	Spend-thrift Percent	Thrifty Man Percent
Living expenses	37	58	50
Education . . .	1	1	10
Giving	1	1	10
Recreation . . .	1	40	10
Savings	60	9	20

A REAL Portable Diathermy Apparatus



Catalog No. 1251

Use coupon. No obligation incurred

H. G. FISCHER & COMPANY,
2945 Wabansia Ave., Chicago.

Gentlemen: Kindly send me descriptive details
on your Type "G" Portable Diathermy Ap-
paratus.

Name
Address

**Medical Diathermy—Surgical
Diathermy—Electro-Coagulation
—Auto Condensation—High
Frequency**

**The Fischer Portable Hospital
Diathermy Unit Type "G" Embodies:**

- Efficiency—4000 Milliamperes available.
- Range—4 Voltage steps; highest Frequency.
- Control—Multiple Spark Gap;
Auto-transformer.
- Accurate Meter—Double scale and
cut-out.
- Perfect Insulation—No Oil, no
Wax.
- Light Weight—Weighs only 50
pounds.
- Neatness—Harmonizes with any
surroundings.
- Economy—Full efficiency with
small line wires.
- Small Size—12" high, 14" wide
by 22" long.
- Low Cost—Only \$275.00 for com-
plete unit.

Complete, efficient, reasonable in
price, safe, light in weight, neat
in appearance and small in size.



*The Genuine, original SUPSALVS, stable suppositories
of Salvarsan, are supplied in metallic (aluminum) capsules.*

In Boxes of 6 "Supsalvs" (Adult)—dose 0.10 gm.
In Boxes of 6 "Supsalvs" (Infants)—dose 0.03 gm.

MERSALV

is an excellent adjuvant to the treatment with Supsalvs, the combination giving good
clinical results.

Mersalv contains 10 per cent. metallic mercury.

Mersalv is in 4 oz. Jars, sufficient thirty days' treatment.

COUPON

Please send this coupon for our booklet on the INTRA-RECTAL method of
administering SALVARSAN.

The Anglo-French Drug Co., Wilson Bldg., New York City
1270 Broadway

Cable and Telegrams: AMPSALVAS, NEW YORK

Life Insurance

(Concluded from page 20)

come fully paid up at the end of 24 years, just as a limited payment life becomes paid up. Furthermore, if, after the 24 years, payments are continued for ten or eleven years more, the policy automatically becomes an endowment for its face value of \$10,000.

Let us take for example a 20-payment life for \$10,000. Here the annual premium is \$331.30. However, by not touching the dividends the policy becomes full paid in 16 years and no more premiums will be due.

In the case of the ordinary life, the gross outlay has been \$5,973.60, whereas the 20-payment has been only \$5,300.80. However, the \$82 difference each year, for the majority of men is of more moment than the increased total outlay, as they realize that the \$82 will buy an additional \$3,000 of insurance.

Of course, for the older ages, in the majority of cases, ordinary life is the only practicable form to buy. For the younger ages long-term endowments are often to be recommended according to existent circumstances.

For example, a certain bank advertises that monthly deposits of ten dollars will, if left at compound interest amount to \$2,457.87 at the end of 15 years. A man, 25 years of age can buy a \$2,000 15-year endowment from the Union Central for \$123.20 a year. By leaving his dividends with the Company to accrue at compound interest, his policy at the end of 15 years will be worth

\$2,318.10. In other words, he will have paid \$139 for \$2,000 worth of protection for 15 years or about nine dollars a year.

This goes to show what can be done with life insurance. It is no longer a "die-to-win" proposition. It is, on the contrary, one of the wisest, safest investments a man can make.

In these days of income and other kinds of taxes, it is noteworthy to state that it is not unusual to find a total tax shrinkage of 20 per cent of a man's gross estate. With intelligent handling of the situation, life insurance can be bought with the saving in income tax which will provide sufficient tax exempt cash to meet all taxes levied against the estate. Incidentally, under the inheritance tax law, there is a stated exemption of \$40,000 in life insurance when the policies are made out to a stated beneficiary.

In concluding, allow me to suggest the following comparison: Assume your banker coming to you with these words, "Jones, you have always been an asset to this bank and I like you. Consequently, I am going to place in a special box \$50,000 and put your wife's name on the box. She is to have the key to it. When you die, she is at liberty to either take out the \$50,000 for her own use, or collect the income from it as you think best. In return for that I will ask you to pay me about 3 per cent of it annually."

Would you think it a good proposition? That is exactly what life insurance is.

Is State Medicine Feasible?

(Concluded from page 10)

He would receive pay at fixed rates in both capacities. He would then be allowed to decide whether he would go in for general practice or for one of the

special lines in the medical profession, subject always to a sufficient number of vacancies being available. If he chose the latter he would proceed to further

Do You Know DIONOL?

WHAT IT IS, HOW IT ACTS, WHAT IT DOES.

IT ENABLES YOU TO GET BETTER RESULTS AND SO PLEASES YOUR PATIENTS AND ADDS TO YOUR PRESTIGE.

MANY PHYSICIANS USE IT AND ENDORSE IT.

WE WANT YOU TO GET ACQUAINTED WITH IT.

How to Satisfy Yourself

We will gladly send an interesting booklet on "Local Inflammation—Its Nature and Treatment," clinical reports and a sufficient quantity of DIONOL to enable you to test it thoroughly. Mail this coupon with your professional card or Rx blank and give the name of your druggist.

THE DIONOL CO., 827 W. Elizabeth St., Detroit, Mich.

CACTINA PILLETS

A cardiac tonic that imparts tone to the heart muscle by improving its nutrition. Notably effective in the treatment of *Tachycardia, Palpitation, Arrhythmia, Tobacco Heart* and all *Functional Cardiac Disorders*.

PRUNOIDS

A gentle but efficient laxative that acts by stimulating the physiologic processes of the bowel. Affords prompt and satisfactory relief from *Chronic Constipation*, without griping or other unpleasant effects.

SULTAN DRUG CO., St. Louis, Mo.

study in the special line chosen, but always such study would be of such a nature that he would be performing useful work for which he would receive adequate remuneration at the same time that he was acquiring the special skill desired. If he chose the former, he would continue to act as assistant or locum till his turn came to fill a vacancy in a permanent post as general practitioner. There he would always commence work some time before the old doctor retired, so as to get to know the people as well as possible. In death vacancies there would generally be a locum, or an assistant, to whom preference would be given for the same reason.

Once established in practice, the young doctor would not be allowed to rust. His promotion and increase of salary would depend on his efficiency as judged by his periodical reports to the

registrar-general, and the assistance that such reports gave in the investigation and treatment of disease. He would also be granted periodic study leave during which the fixed part of his salary would continue as usual and the expenses of the course of study pursued would be paid by installments like the rest of his professional training. Failure to avail himself adequately of such opportunities for post-graduate study would count against him for promotion, the highest pitch of which would be that of consultant. Should he become hopelessly out of date through negligence to such an extent as to become a danger to the public, he would ultimately, after due warning, be struck off the register.

Thus would a medical service be established that would be a credit to both the profession and the nation.

Prospecting for a Practice

(Concluded from page 7)

in diseases of the nose and throat, who had little or no capital. That youthful graduate started down on the lower East Side of New York, in a very small office. Sometimes he kept himself on earth by doing newspaper reporting. He foresaw that many of the people down in that region lived frugally, but that eventually they attained fortune and moved to more pretentious homes in the upper part of the city. Some took to the east and others to the west. The doctor made his home in an apartment in Central Park West and also had another office there. Before many years, he had hosts of well-to-do patients who had known him in the lower part of the city, where he had been grinding at the nether millstone. He abandoned his original office, and enlarged his uptown one, when

the time was ripe for such a move.

The physician in the small town finds it to his advantage to be in an accessible building on Main Street. If he is far in the country, the closer he is to the crossroads the better.

It is usually understood, of course, in prospecting for a practice, that the earning power or the wealth of a community must always be considered. If a firm is considering selling a patent medicine to a certain region by advertising in the newspapers, it expects the agency which places its "white space" to know just what the spending power of that section is. It is not difficult for even the professional man, untrained in business, to make a general survey of his own, and to ascertain if the place where he intends to settle can really sup-

February, 1924

MEDICAL ECONOMICS

45

A NEW AND LIMITLESS FIELD FOR MINERAL OIL THERAPY:—

AGAROL

(Formula Originated 1913)

AGAROL PLAIN as a Vehicle for any of the following agents:—

PLAIN

A unique and invaluable product of

AGAR-AGAR and MINERAL OIL

Perfectly Emulsified

That offers unlimited usage as a vehicle for a countless number of agents such as Salol-rhubarb-quinine Magnesia Calcined Cascara Aromatic and the Bismuth Salts

R

Salol
Rhubarb
Quinine
Cascara Sagra-da
Cascara Aromatic
Magnesia Calcined
Bismuth Salts

Choice of Agents

Agarol Plain q.s. ̄xii
(The ideal vehicle)

Sig:—As directed.

..... M. D.

COMPOUND

A properly balanced combination of

AGAR-AGAR, MINERAL OIL & PHENOLPH-THALEIN

It is not habit forming, reduces no digestive disturbances, mixes with intestinal content. Eliminates oil leakage indicated in severely constipated individuals and the vast number of chronic subjects

Original bottle and literature mailed gratis, upon request.

THE THOMAS DOYLE COMPANY

Obtainable, by local druggists, through wholesale drug houses.

HACKENSACK

NEW JERSEY, U. S. A.

For All Douching Purposes



Prescribe

The Marvel Whirling Spray Syringe

It Always Gives Satisfaction.

MARVEL COMPANY

25 West 45th St.

NEW YORK CITY

port itself. He should be able to sense the prospects for growth and expansion. In this analysis, he should not be misled by mere appearances.

In surveying sites for his practice, the physician can take another leaf from the Book of Business—and allow well for seasonal variations.

There are at Coney Island, five physicians who have very good practices. They are thoroughly alert and amiable individuals who were able to see that selling "hot dogs" and salt water taffy was one day to be only an incident of life in that part of the Borough of Brooklyn. In winter time, they do very well, for there are about sixty thousand permanent residents within easy reach of their Six Cylinders. In summer, they often see half a million flocking to the sands on a hot Saturday or Sunday. Many thousands of persons come there to live during June, July and August. The season at Coney is the "harvest time."

The same condition obtains in several seaport towns at the end of Long Island. The winter population is small and healthy and the doctors there help each other out and enjoy themselves by going to the city and participating in some of the amusements of the Big Town on Manhattan Island. In the summer, they are on the move night and day. Their summer fees are sufficient to keep them well supplied with all they require during the period of hibernation.

What the minimum receipts are to the merchant, and the "grub stake" to the miner, a guarantee, however small it may be, is to the young physician prospecting for practice. For that matter, the veteran of the calling, making a change for social or family reasons does well to estimate whatever sources of fixed revenue may be available in the new field.

The amount of income which a physician may get from con-

nection with a dispensary is scant, but if he can have even a nominal salary from that source, it will be more than useful to the young practitioner. Even in the little communities, there are opportunities to be health officers, railroad surgeons, physicians to industries and the like which, although they do not make large returns, serve to stay the Damoclean overhead.

The time has come when the physician is confronted with real economic questions. If he expects to succeed, he cannot in an offhand way, buy a practice which he sees advertised for sale. The day is over in which the doctor can slip into the practice of an older physician without taking thought as to the state of the community and the economic drift.

Every survey for a practice, too, should include a search for "key men," persons of influence, on whom the doctor may rely to lead the laity in comprehending that the day of preventive medicine is dawning. Young Hippocrates does not seek typhoid and smallpox, except with the view of making those diseases extinct or rare, and thereby showing that the good of the community is paramount to his individual gain. Every practice, though, does need patients of the type of Samuel Vauclain, head of the Baldwin Locomotive Works of Philadelphia, who made a contract with his physician by the year to keep him in good health. The time does seem ripe for the progressive physician to have as a basis for his practice, periodical health examinations of his patients, upon which to place a super-structure of emergency cases. The doctor of the Golden Age of the healing art, which we all hope to see may, with the help of intelligent citizens, do more to promote the well being of his fellowmen, and, while serving them in the highest altruistic sense, maintain his own economic welfare.

1934

rant
min-
it
the
the
op-
era,
to
al-
rge
the

the
eal
ex-
an
ich
he
or
an
ng
he
ic

e,
or
e,
to
g
i-
d
f
r
t
s
s
f
e